FOR OHF USE

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2003
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2003)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0042085

Facility Name: Renaissance At South Shore

Address: 2425 East 71St St. (Number) Chicago (City) 60616 (Zip Code)

County: Cook

Telephone Number: (773) 721-5000 **Fax #** (773) 721-6850

IDPA ID Number: 363938428001

Date of Initial License for Current Owners: 10/23/98

Type of Ownership:

	VOLUNTARY,NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
		X	"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Steve Lavenda **Telephone Number:** (847) 236 - 1111

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/03 to 12/31/03 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider
(Signed) _____ (Date)
(Type or Print Name) _____
(Title) _____

Paid Preparer
(Signed) _____ (Date)
(Print Name and Title) Noshir R. Daruwalla, C.P.A.
(Firm Name & Address) Frost, Ruttenberg & Rothblatt, P.C.
111 Pfingsten Road, Suite 300 Deerfield, IL 60015
(Telephone) (847) 236-1111 Fax # (847) 236-1155

MAIL TO: OFFICE OF HEALTH FINANCE
ILLINOIS DEPARTMENT OF PUBLIC AID
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At South Shore # 0042085 Report Period Beginning: 01/01/03 Ending: 12/31/03

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds 03/07/03

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	244	Skilled (SNF)	246	89,658	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	244	TOTALS	246	89,658	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Public Aid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	67,811	4,665	11,322	83,798	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	67,811	4,665	11,322	83,798	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 93.46%

D. How many bed-hold days during this year were paid by Public Aid?
1,165 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [ ] NO [X]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [X]

I. On what date did you start providing long term care at this location?
Date started 10/23/98

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 10/23/98 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 83 and days of care provided 11,110

Medicare Intermediary AdminaStar Federal

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 2003 Fiscal Year: 2003

* All facilities other than governmental must report on the accrual basis.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At South Shore # 0042085 Report Period Beginning: 01/01/03 Ending: 12/31/03

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger Salary/Wage 1	Supplies 2	Other 3	Total 4	Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY 9	10	
	A. General Services											
1	Dietary	340,816	71,761	9,918	422,495		422,495		422,495			1
2	Food Purchase		379,955		379,955	(20,878)	359,077	(211)	358,866			2
3	Housekeeping	215,894	56,649		272,543		272,543		272,543			3
4	Laundry	78,869	4,505		83,374		83,374		83,374			4
5	Heat and Other Utilities			205,460	205,460		205,460	(16,659)	188,801			5
6	Maintenance	140,882	28,656	117,468	287,006		287,006	(230)	286,776			6
7	Other (specify):*							(34)	(34)			7
8	**TOTAL General Services**	776,461	541,526	332,846	1,650,833	(20,878)	1,629,955	(17,134)	1,612,821			8
	B. Health Care and Programs											
9	Medical Director			29,636	29,636		29,636		29,636			9
10	Nursing and Medical Records	3,130,075	186,372	263,306	3,579,753		3,579,753	190	3,579,943			10
10a	Therapy	53,201		2,813	56,014		56,014		56,014			10a
11	Activities	171,347	4,416	2,200	177,963		177,963		177,963			11
12	Social Services	88,867		1,299	90,166		90,166		90,166			12
13	Nurse Aide Training			1,180	1,180		1,180		1,180			13
14	Program Transportation			4,192	4,192		4,192	2	4,194			14
15	Other (specify):*							21	21			15
16	**TOTAL Health Care and Programs**	3,443,490	190,788	304,626	3,938,904		3,938,904	213	3,939,117			16
	C. General Administration											
17	Administrative	227,557		542,322	769,879		769,879	(399,478)	370,401			17
18	Directors Fees											18
19	Professional Services			194,037	194,037		194,037	(109,217)	84,820			19
20	Dues, Fees, Subscriptions & Promotions			185,104	185,104		185,104	(93,840)	91,264			20
21	Clerical & General Office Expenses	413,110	43,748	387,656	844,514		844,514	(223,213)	621,301			21
22	Employee Benefits & Payroll Taxes			805,017	805,017	20,878	825,895		825,895			22
23	Inservice Training & Education											23
24	Travel and Seminar			8,532	8,532		8,532	(4,951)	3,581			24
25	Other Admin. Staff Transportation			920	920		920	263	1,183			25
26	Insurance-Prop.Liab.Malpractice			577,148	577,148		577,148	546	577,694			26
27	Other (specify):*							39,455	39,455			27
28	**TOTAL General Administration**	640,667	43,748	2,700,736	3,385,151	20,878	3,406,029	(790,435)	2,615,594			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	4,860,618	776,062	3,338,208	8,974,888		8,974,888	(807,356)	8,167,532			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.

SEE ACCOUNTANTS' COMPILATION REPORT

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Renaissance At South Shore #0042085 Report Period Beginning: 01/01/03 Ending: 12/31/03

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4	5	6	7	8	9	10	
	D. Ownership											
30	Depreciation			128,204	128,204		128,204	200,028	328,232			30
31	Amortization of Pre-Op. & Org.			7,521	7,521		7,521	6,037	13,558			31
32	Interest							678,214	678,214			32
33	Real Estate Taxes			394,544	394,544		394,544		394,544			33
34	Rent-Facility & Grounds			1,625,523	1,625,523		1,625,523	(1,612,960)	12,563			34
35	Rent-Equipment & Vehicles			10,328	10,328		10,328	8,045	18,373			35
36	Other (specify):*											36
37	**TOTAL Ownership**			2,166,120	2,166,120		2,166,120	(720,637)	1,445,483			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	12,705	388,586	461,307	862,598		862,598	(77)	862,521			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			134,490	134,490		134,490		134,490			42
43	Other (specify):*	55,302			55,302		55,302	(55,302)				43
44	**TOTAL Special Cost Centers**	68,007	388,586	595,797	1,052,390		1,052,390	(55,379)	997,011			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	4,928,625	1,164,648	6,100,125	12,193,398		12,193,398	(1,583,372)	10,610,026			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At South Shore # 0042085 Report Period Beginning: 01/01/03 Ending: 12/31/03

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Reference	3 OHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(245,245)	30		9
10	Interest and Other Investment Income	(27,050)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(211)	02		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(3,007)	21		18
19	Entertainment	(5,512)	24		19
20	Contributions	(20,275)	20		20
21	Owner or Key-Man Insurance	(35,813)	21		21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(99,000)	21		24
25	Fund Raising, Advertising and Promotional	(66,376)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising	(4,689)	20		28
29	Other-Attach Schedule	(500,207)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (1,007,385)		$	30

OHF USE ONLY								
48		49		50		51		52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(575,987)		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (575,987)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (1,583,372)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.			$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44	Exceptional Care Program					44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

SEE ACCOUNTANTS' COMPILATION REPORT

STATE OF ILLINOIS

Renaissance At South Shore

ID# 0042085

Report Period Beginning: 01/01/03

Ending: 12/31/03

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Bank Charges	$ (24,497)	21	1
2	Part B Coinsurance Write-Off - OT	(2,671)	21	2
3	Part B Coinsurance Write-Off - PT	(9,782)	21	3
4	Part B Coinsurance Write-Off - ST	(2,936)	21	4
5	Cable TV	(17,071)	05	5
6	Theft Expense	(16,479)	21	6
7	Annual Report	(149)	20	7
8	IL Council on LTC - COPE Dues	(3,567)	20	8
9	Capitalized R&M	(2,111)	06	9
10	Marketing Salary	(55,302)	43	10
11	Non-Allowable Salary	(36,109)	21	11
12	Miscellaneous Income	(858)	21	12
13	Marketing Expense	(844)	19	13
14	Land Rent (Building Co)	(12,000)	34	14
15	Management Fees (Building Co)	(54,047)	17	15
16	Filing Fees (Building Co)	(150)	21	16
17	Trust Fees (Building Co)	(250)	21	17
18	Legal & Accounting Fees (Building Co)	(6,787)	19	18
19	State Income Tax (Building Co)	(448)	21	19
20	Legal Invoices (Non-Allowable)	(90,144)	19	20
21	Non-Allowable Fees	(142,500)	21	21
22	Legal Invoice (Prior Year)	(21,262)	19	22
23	Seminar Expense (Out of State)	(243)	24	23
24				24
25				25
26				26
27				27
28				28
29				29
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96				96
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98				98
99				99
100				100
101	**Total**	(500,207)		101

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Renaissance At South Shore # 0042085 **Report Period Beginning:** 01/01/03 **Ending:** 12/31/03

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS (to Sch V, col.7)	
1	Dietary													1
2	Food Purchase	(211)											(211)	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities	(17,071)		412									(16,659)	5
6	Maintenance	(2,111)		1,881									(230)	6
7	Other (specify):*			(34)									(34)	7
8	**TOTAL General Services**	(19,393)		2,259									(17,134)	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records			190									190	10
10a	Therapy													10a
11	Activities													11
12	Social Services													12
13	Nurse Aide Training													13
14	Program Transportation			2									2	14
15	Other (specify):*			21									21	15
16	**TOTAL Health Care and Programs**			213									213	16
	C. General Administration													
17	Administrative	(54,047)	54,047	(373,106)	43,896	(3,824)	(66,444)						(399,478)	17
18	Directors Fees													18
19	Professional Services	(119,037)	6,787	1,546		87	1,400						(109,217)	19
20	Fees, Subscriptions & Promotions	(95,056)		1,382		(166)							(93,840)	20
21	Clerical & General Office Expenses	(374,500)	848	147,698		1,241	1,500						(223,213)	21
22	Employee Benefits & Payroll Taxes													22
23	Inservice Training & Education													23
24	Travel and Seminar	(5,755)		764		40							(4,951)	24
25	Other Admin. Staff Transportation			263									263	25
26	Insurance-Prop.Liab.Malpractice			546									546	26
27	Other (specify):*			32,300	3,119	2,896	1,140						39,455	27
28	**TOTAL General Administration**	(648,395)	61,682	(188,607)	47,015	274	(62,404)						(790,435)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(667,788)	61,682	(186,135)	47,015	274	(62,404)						(807,356)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Renaissance At South Shore # 0042085 **Report Period Beginning:** 01/01/03 **Ending:** 12/31/03

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	(245,245)	442,093	3,180									200,028	30
31	Amortization of Pre-Op. & Org.		6,037										6,037	31
32	Interest	(27,050)	706,135	(857)		(14)							678,214	32
33	Real Estate Taxes													33
34	Rent-Facility & Grounds	(12,000)	(1,613,523)	12,563									(1,612,960)	34
35	Rent-Equipment & Vehicles			8,045									8,045	35
36	Other (specify):*													36
37	**TOTAL Ownership**	(284,295)	(459,259)	22,931		(14)							(720,637)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers			(77)									(77)	39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(55,302)											(55,302)	43
44	**TOTAL Special Cost Centers**	(55,302)		(77)									(55,379)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(1,007,385)	(397,577)	(163,281)	47,015	260	(62,404)						(1,583,372)	45

Facility Name & ID Number Renaissance At South Shore # 0042085 Report Period Beginning: 01/01/03 Ending: 12/31/03

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Attached		See Attached		See Attached		
				South Shore Limited		
				Partnership	Chicago	Building Co

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	Rental Income	$ 1,625,523	South Shore Limited Partnership	100.00%	$	$ (1,625,523)	1
2	V	32	Interest Income	8,729	South Shore Limited Partnership	1.00%		(8,729)	2
3	V	31	Amortization		South Shore Limited Partnership		6,037	6,037	3
4	V	30	Depreciation		South Shore Limited Partnership		442,093	442,093	4
5	V	32	Interest Expense		South Shore Limited Partnership		714,864	714,864	5
6	V	34	Land Rent		South Shore Limited Partnership		12,000	12,000	6
7	V	19	Legal & Accounting		South Shore Limited Partnership		6,787	6,787	7
8	V	17	Management Fees		South Shore Limited Partnership		54,047	54,047	8
9	V	21	State Income Taxes		South Shore Limited Partnership		448	448	9
10	V	21	Trust Fees		South Shore Limited Partnership		250	250	10
11	V	21	Filing Fees		South Shore Limited Partnership		150	150	11
12	V								12
13	V								13
14	Total			$ 1,634,252			$ 1,236,676	$ * (397,577)	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At South Shore # 0042085 Report Period Beginning: 01/01/03 Ending: 12/31/03

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	5	UTILITIES	$	NUCARE SERVICES CORP.	100.00%	$ 412	$ 412	15
16	V	6	REPAIRS AND MAINT.				1,881	1,881	16
17	V	7	EMPLOYEE BEN. GEN. SERV.				(34)	(34)	17
18	V	10	NURSING ADMIN.				190	190	18
19	V	14	PROGRAM TRANSPORTATION				2	2	19
20	V	15	HEALTHCARE EMPLOYEE BEN.				21	21	20
21	V	17	ADMINISTRATIVE - NON-OWNER				24,616	24,616	21
22	V	19	PROFESSIONAL FEES				1,546	1,546	22
23	V	20	FEES SUBSCRIPTIONS				1,382	1,382	23
24	V	21	CLERICAL & GENERAL				147,698	147,698	24
25	V	24	SEMINARS AND EDUCATION				764	764	25
26	V	25	ADMIN. STAFF TRAVEL				263	263	26
27	V	26	INSURANCE				546	546	27
28	V	27	EMPLOYEE BEN. GEN. ADMIN.				32,300	32,300	28
29	V	30	DEPRECIATION				3,180	3,180	29
30	V	32	INTEREST EXPENSE				(857)	(857)	30
31	V	34	BUILDING RENT				12,563	12,563	31
32	V	35	EQUIPMENT RENTAL				8,045	8,045	32
33	V	39	ANCILLARY				(77)	(77)	33
34	V								34
35	V	17	MANAGEMENT FEES	397,722				(397,722)	35
36	V								36
37	V								37
38	V								38
39	Total			$ 397,722			$ 234,441	$ * (163,281)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At South Shore # 0042085 Report Period Beginning: 01/01/03 Ending: 12/31/03

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	17	ADMIN. - R. HARTMAN	$	NUCARE SERVICES CORP.	100.00%	$ 21,373	$ 21,373	15
16	V	17	ADMIN. - B. CARR				17,546	17,546	16
17	V	17	ADMIN. - D. HARTMAN				4,570	4,570	17
18	V	17	ADMIN. - E. DICKMAN				407	407	18
19	V								19
20	V	27	EMP. BEN. - R. HARTMAN				1,893	1,893	20
21	V	27	EMP. BEN. - B. CARR				836	836	21
22	V	27	EMP. BEN. - D. HARTMAN				357	357	22
23	V	27	EMP. BEN. - E. DICKMAN				33	33	23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$ 47,015	$ * 47,015	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At South Shore # 0042085 Report Period Beginning: 01/01/03 Ending: 12/31/03

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	17	ADMINISTRATIVE	$	CAREPATH HEALTH NETWORK	100.00%	$ 13,276	$ 13,276	15
16	V	19	PROFESSIONAL FEES				87	87	16
17	V	20	FEES, SUBSCRIPTIONS				(166)	(166)	17
18	V	21	CLERICAL AND GENERAL				1,241	1,241	18
19	V	24	SEMINARS				40	40	19
20	V	27	GEN ADMIN.- EMP. BEN.				2,896	2,896	20
21	V	32	INTEREST EXPENSE				(14)	(14)	21
22	V								22
23	V								23
24	V	17	MANAGEMENT FEES	17,100				(17,100)	24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 17,100			$ 17,360	$ * 260	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At South Shore # 0042085 Report Period Beginning: 01/01/03 Ending: 12/31/03

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	17	J. RAJCHENBACH-COMP.	$	JLR MANAGEMENT CORP.	100.00%	$ 61,056	$ 61,056	15
16	V	19	PROFESSIONAL FEES				1,400	1,400	16
17	V	21	OFFICE				1,500	1,500	17
18	V	27	PAYROLL TAXES				1,140	1,140	18
19	V								19
20	V	17	MANAGEMENT FEES	127,500				(127,500)	20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 127,500			$ 65,096	$ * (62,404)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At South Shore # 0042085 Report Period Beginning: 01/01/03 Ending: 12/31/03

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	22	WORKERS COMPENSATION	$ 79,072	DIAMOND INSURANCE	40.00%	$ 79,072	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 79,072			$ 79,072	$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At South Shore # 0042085 Report Period Beginning: 01/01/03 Ending: 12/31/03

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$	$ *	39

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At South Shore # 0042085 Report Period Beginning: 01/01/03 Ending: 12/31/03

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$	$ *	39

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At South Shore # 0042085 Report Period Beginning: 01/01/03 Ending: 12/31/03

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$	$ *	39

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At South Shore # 0042085 Report Period Beginning: 01/01/03 Ending: 12/31/03

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$	$ *	39

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At South Shore # 0042085 Report Period Beginning: 01/01/03 Ending: 12/31/03

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Robert Hartman	Owner	Administrative	20.05%	See Attached	4.24	8.48%	Alloc. Salary	$ 21,373	17-7	1
2	Bernard Hollander	Owner	Administrative	25.00%	See Attached	2.00	3.08%	Alloc. Salary			2
3	David Hartman	Relative	Administrative	0%	See Attached	0.90	1.88%	Alloc. Salary	4,570	17-7	3
4	Jack Rajchenbach	Owner	Administrative	25.00%	See Attached	7.00	10.77%	Alloc. Salary	61,056	17-7	4
5	Eitan Dickman	Relative	Administrative	0%	See Attached	0.40	0.92%	Alloc. Salary	407	17-7	5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$ 87,406		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Renaissance At South Shore # 0042085 Report Period Beginning: 01/01/03 Ending: 12/31/03

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [ ] NO [X]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At South Shore # 0042085 Report Period Beginning: 01/01/03 Ending: 12/31/03

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: NUCARE SERVICES CORP.
Street Address: 6677 N LINCOLN AVENUE
City / State / Zip Code: LINCOLNWOOD, IL 60712
Phone Number: (847) 933-2600
Fax Number: (847) 933-2601

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	5	UTILITIES	AVAIL. CENSUS DAYS	755,108	9	$ 3,469	$	89,660	$ 412	1
2	6	REPAIRS AND MAINT.	AVAIL. CENSUS DAYS	755,108	9	15,840	(985)	89,660	1,881	2
3	7	EMPLOYEE BEN. GEN. SERV.	AVAIL. CENSUS DAYS	755,108	9	(289)		89,660	(34)	3
4	10	NURSING ADMIN.	AVAIL. CENSUS DAYS	755,108	9	1,600	1,600	89,660	190	4
5	14	PROGRAM TRANSPORTATION	AVAIL. CENSUS DAYS	755,108	9	19		89,660	2	5
6	15	HEALTHCARE EMPLOYEE BE	AVAIL. CENSUS DAYS	755,108	9	180		89,660	21	6
7	17	ADMINISTRATIVE - NON-OWN	AVAIL. CENSUS DAYS	755,108	9	207,317	202,582	89,660	24,616	7
8	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS	755,108	9	13,022		89,660	1,546	8
9	20	FEES SUBSCRIPTIONS	AVAIL. CENSUS DAYS	755,108	9	11,642		89,660	1,382	9
10	21	CLERICAL & GENERAL	AVAIL. CENSUS DAYS	755,108	9	1,243,897	1,034,436	89,660	147,698	10
11	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS	755,108	9	6,435		89,660	764	11
12	25	ADMIN. STAFF TRAVEL	AVAIL. CENSUS DAYS	755,108	9	2,216		89,660	263	12
13	26	INSURANCE	AVAIL. CENSUS DAYS	755,108	9	4,598		89,660	546	13
14	27	EMPLOYEE BEN. GEN. ADMIN	AVAIL. CENSUS DAYS	755,108	9	272,029		89,660	32,300	14
15	30	DEPRECIATION	AVAIL. CENSUS DAYS	755,108	9	26,781		89,660	3,180	15
16	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS	755,108	9	(7,220)		89,660	(857)	16
17	34	BUILDING RENT	AVAIL. CENSUS DAYS	755,108	9	105,808		89,660	12,563	17
18	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS	755,108	9	67,754		89,660	8,045	18
19	39	ANCILLARY	AVAIL. CENSUS DAYS	755,108	9	(652)	(1,593)	89,660	(77)	19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 1,974,446	$ 1,236,040		$ 234,441	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At South Shore # 0042085 Report Period Beginning: 01/01/03 Ending: 12/31/03

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: NUCARE SERVICES CORP.
Street Address: 6677 N LINCOLN AVENUE
City / State / Zip Code: LINCOLNWOOD, IL 60712
Phone Number: (847) 933-2600
Fax Number: (847) 933-2601

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	17	ADMIN. - R. HARTMAN	AVG. HOURS WORKED	36	9	180,000	180,000	4	21,373	1
2	17	ADMIN. - B. CARR	AVG. HOURS WORKED	48	9	180,000	180,000	5	17,546	2
3	17	ADMIN. - D. HARTMAN	AVG. HOURS WORKED	8	9	40,623	40,000	1	4,570	3
4	17	ADMIN. - E. DICKMAN	AVG. HOURS WORKED	17	9	17,157	17,000	0	407	4
5										5
6	27	EMP. BEN. - R. HARTMAN	AVG. HOURS WORKED	36	9	15,944		4	1,893	6
7	27	EMP. BEN. - B. CARR	AVG. HOURS WORKED	48	9	8,574		5	836	7
8	27	EMP. BEN. - D. HARTMAN	AVG. HOURS WORKED	8	9	3,170		1	357	8
9	27	EMP. BEN. - E. DICKMAN	AVG. HOURS WORKED	17	9	1,411		0	33	9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 446,879	$ 417,000		$ 47,015	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At South Shore # 0042085 Report Period Beginning: 01/01/03 Ending: 12/31/03

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: CAREPATH HEALTH NETWORK
Street Address: 6633 N LINCOLN AVENUE
City / State / Zip Code: LINCOLNWOOD, IL 60712
Phone Number: (888) 707-6700
Fax Number: (847) 679-2150

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	17	ADMINISTRATIVE	CARE PATH FEES	339,037	13	$ 263,221	$ 263,221	17,100	$ 13,276	1
2	19	PROFESSIONAL FEES	CARE PATH FEES	339,037	13	1,730		17,100	87	2
3	20	FEES, SUBSCRIPTIONS	CARE PATH FEES	339,037	13	(3,296)		17,100	(166)	3
4	21	CLERICAL AND GENERAL	CARE PATH FEES	339,037	13	24,604		17,100	1,241	4
5	24	SEMINARS	CARE PATH FEES	339,037	13	784		17,100	40	5
6	27	GEN ADMIN.- EMP. BEN.	CARE PATH FEES	339,037	13	57,412		17,100	2,896	6
7	32	INTEREST EXPENSE	CARE PATH FEES	339,037	13	(286)		17,100	(14)	7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 344,169	$ 263,221		$ 17,360	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At South Shore # 0042085 Report Period Beginning: 01/01/03 Ending: 12/31/03

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: JLR MANAGEMENT CORP.
Street Address: 6633 NORTH LINCOLN
City / State / Zip Code: LINCOLNWOOD, IL. 60712
Phone Number: (847) 679-9141
Fax Number: (847) 679-1820

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	17	J. RAJCHENBACH-COMP.	AVG. HOURS WORKED	55	10	$ 479,725	$ 179,725	7	$ 61,056	1
2	19	PROFESSIONAL FEES	AVG. HOURS WORKED	55	10	11,000		7	1,400	2
3	21	OFFICE	AVG. HOURS WORKED	55	10	11,782	9,614	7	1,500	3
4	27	PAYROLL TAXES	AVG. HOURS WORKED	55	10	8,956		7	1,140	4
5										5
6										6
7	17	MARVIN NEEDLE-CONS. FEES	AVG. HOURS WORKED	40	1	36,296				7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 547,759	$ 189,339		$ 65,096	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At South Shore # 0042085 Report Period Beginning: 01/01/03 Ending: 12/31/03

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: Diamond Insurance
Street Address: 40 Skokie Blvd - Suite 105
City / State / Zip Code: Northbrook, IL60062
Phone Number: (847)-559-1002
Fax Number:

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	22	WORKERS COMPENSATION	DIRECT ALLOCATION			$	$		$ 79,072	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$ 79,072	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At South Shore # 0042085 Report Period Beginning: 01/01/03 Ending: 12/31/03

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At South Shore # 0042085 Report Period Beginning: 01/01/03 Ending: 12/31/03

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At South Shore # 0042085 Report Period Beginning: 01/01/03 Ending: 12/31/03

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At South Shore # 0042085 Report Period Beginning: 01/01/03 Ending: 12/31/03

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At South Shore # 0042085 Report Period Beginning: 01/01/03 Ending: 12/31/03

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1	South Shore Limited Ptnshp		X	Mortgage			$	$ 8,967,167			$ 714,864	1
2												2
3												3
4												4
5	See Supplemental Schedule											5
	Working Capital											
6	NuCare Services Allocation		X								(857)	6
7	CarePath Health Allocation		X								(14)	7
8	See Supplemental Schedule											8
9	TOTAL Facility Related						$	$ 8,967,167			$ 713,993	9
	B. Non-Facility Related*											
10												10
11	Interest Income-BLVD	X									(19,435)	11
12	Interest Income-SJV	X									(5,075)	12
13	See Supplemental Schedule										(11,268)	13
14	TOTAL Non-Facility Related						$	$			$ (35,778)	14
15	TOTALS (line 9+line14)						$	$ 8,967,167			$ 678,215	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ 0 Line #

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

Facility Name & ID Number Renaissance At South Shore # 0042085 Report Period Beginning: 01/01/03 Ending: 12/31/03

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE - SUPPLEMENTAL SCHEDULE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1							$	$			$	1
2												2
3												3
4												4
5												5
6												6
7	TOTAL Long-Term											7
	Working Capital											
8							$	$			$	8
9												9
10												10
11												11
12												12
13												13
14	TOTAL Working Capital											14
	B. Non-Facility Related*											
15	Interest Income-HLP	X					$	$			$ (2,539)	15
16	Interest Income-Building Co	X									(8,729)	16
17												17
18												18
19												19
20	TOTAL Non-Facility Related										(11,268)	20

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

Facility Name & ID Number Renaissance At South Shore # 0042085 Report Period Beginning: 01/01/03 Ending: 12/31/03

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.

1. Real Estate Tax accrual used on 2002 report.	$	404,963	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	$	390,003	2
3. Under or (over) accrual (line 2 minus line 1).	$	(14,960)	3
4. Real Estate Tax accrual used for 2003 report. (Detail and explain your calculation of this accrual on the lines below.)	$	409,503	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**	$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)**	$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	$	394,543	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	1998	2,872	8
	1999	408,698	9
	2000	360,670	10
	2001	385,679	11
	2002	390,003	12

Real Estate Tax Accrual-$394,544*1.038=$409,503

	FOR OHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2002	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2002 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2002 real estate tax costs, as well as copies of your real estate tax bills for calendar 2002.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2002 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2003 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2002 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Renaissance At South Shore COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0042085

CONTACT PERSON REGARDING THIS REPORT : Steve Lavenda

TELEPHONE (847) 236-1111 FAX #: (847) 236-1155

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2002 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2002.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	21-30-101-003-0000	Long Term Care Property	$ 30,441.22	$ 30,441.22
2.	21-30-101-004-0000	Long Term Care Property	$ 57,223.71	$ 57,223.71
3.	21-30-101-014-0000	Long Term Care Property	$ 161,472.55	$ 161,472.55
4.	21-30-101-022-0000	Long Term Care Property	$ 33,629.49	$ 33,629.49
5.	21-30-101-023-0000	Long Term Care Property	$ 107,236.20	$ 107,236.20
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 390,003.17	$ 390,003.17

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES X NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the 2002 tax bills which were listed in Section A to this statement. Be sure to use the 2002 tax bill which is normally paid during 2003.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2000 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2000 real estate tax costs, as well as copies of your real estate tax bills for calendar 2000.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2000 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2001 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2002 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Renaissance At South Shore COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0042085

CONTACT PERSON REGARDING THIS REPORT : Steve Lavenda

TELEPHONE (847) 236-1111 FAX #: (847) 236-1155

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2000 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2000.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.			$	$
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$	$

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? _____ YES _____ NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the 2000 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill which is normally paid during 2001.

Facility Name & ID Number Renaissance At South Shore # 0042085 Report Period Beginning: 01/01/03 Ending: 12/31/03

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 80,865 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 4

C. Does the Operating Entity? [ ] (a) Own the Facility [X] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? [X] (a) Own the Equipment [X] (b) Rent equipment from a Related Organization. [X] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [X] YES [ ] NO
If so, please complete the following:

1. Total Amount Incurred: 244,947
2. Number of Years Over Which it is Being Amortized: 5
3. Current Period Amortization: 13,558
4. Dates Incurred: 1998

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Facility	42,825		$ 651,589	1
2					2
3	TOTALS	42,825		$ 651,589	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At South Shore # 0042085 Report Period Beginning: 01/01/03 Ending: 12/31/03

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					$	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Various			1998	78,106		20	3,906	3,906	20,143	9
10	Various			1999	88,720		20	4,438	4,438	20,539	10
11								-		-	11
12								-		-	12
13								-		-	13
14								-		-	14
15								-		-	15
16								-		-	16
17								-		-	17
18								-		-	18
19								-		-	19
20								-		-	20
21								-		-	21
22								-		-	22
23								-		-	23
24								-		-	24
25								-		-	25
26								-		-	26
27								-		-	27
28								-		-	28
29								-		-	29
30								-		-	30
31								-		-	31
32								-		-	32
33								-		-	33
34								-		-	34
35								-		-	35
36								-		-	36

*Total beds on this schedule must agree with page 2.

See Page 12A, Line 70 for total

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Renaissance At South Shore # 0042085 Report Period Beginning: 01/01/03 Ending: 12/31/03

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37			$	$		$	$	$	37
38									38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67	Related Building Company (Pages 12-BLDG & 12A-BLDG)		9,209,684	442,093		263,134	(178,959)	1,573,922	67
68	Related Party Allocations (Pages 12-REP & 12A-REP)		2,830	113		142	29	635	68
69	Financial Statement Depreciation			64,491			(64,491)		69
70	TOTAL (lines 4 thru 69)		$ 9,379,340	$ 506,697		$ 271,620	$ (235,077)	$ 1,615,239	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Renaissance At South Shore # 0042085 Report Period Beginning: 01/01/03 Ending: 12/31/03

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 9,379,340	$ 506,697		$ 271,620	$ (235,077)	$ 1,615,239	1
2	Furnish & Install Lo	2000	3,382		20	169	169	676	2
3	Cableing	2000	1,326		20	66	66	265	3
4	Furnish & Install Ti	2000	5,482		20	274	274	1,096	4
5	Repair/Replace Awnin	2000	1,408		20	70	70	275	5
6	Electrical Work In 4	2000	2,074		20	104	104	398	6
7	Replace 2 Lock Bds	2000	1,212		20	61	61	233	7
8	Parking Garage Stge	2000	3,945		20	197	197	756	8
9	9 Latch Grds/Deadblt	2000	707		20	35	35	132	9
10	Furnish & Install Ne	2000	935		20	47	47	176	10
11	Install New Phn Line	2000	1,431		20	72	72	263	11
12	6 Dual Bed Side Stat	2000	541		20	27	27	97	12
13	Lower Level Maintanc	2000	5,985		20	299	299	1,097	13
14	Relocate Electrical	2000	440		20	22	22	79	14
15	Remote Control Mount	2000	932		20	47	47	167	15
16	Remote Control Mount	2000	1,501		20	75	75	269	16
17	Repair Fire Alarm Pa	2000	841		20	42	42	147	17
18	Control Panel	2000	1,561		20	78	78	273	18
19	Replace Wrought Iron	2000	450		20	23	23	80	19
20	Locks, Keys	2000	775		20	39	39	140	20
21	Install Landscaping	2000	972		20	49	49	166	21
22	Wall Covering	2000	1,216		20	61	61	208	22
23	Foundation For Sign	2000	5,000		20	250	250	854	23
24	Sign	2000	3,905		20	195	195	732	24
25	David Thomas Moch	2000	696		20	35	35	114	25
26	Replace Freight Elev	2000	1,750		20	88	88	292	26
27	Screens	2000	630		20	32	32	103	27
28	Locks And Passage Se	2000	1,156		20	58	58	227	28
29	Wall Mounted Dispens	2000	1,118		20	56	56	187	29
30	Install Wall Mounted	2000	220		20	11	11	36	30
31	Repair Fire Pump Con	2000	570		20	29	29	98	31
32	Install Add'L Washer	2000	787		20	39	39	125	32
33	Wander Guard	2000	12,600		20	630	630	2,415	33
34	TOTAL (lines 1 thru 33)		$ 9,444,888	$ 506,697		$ 274,900	$ (231,797)	$ 1,627,415	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Renaissance At South Shore # 0042085 Report Period Beginning: 01/01/03 Ending: 12/31/03

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		$ 9,444,888	$ 506,697		$ 274,900	$ (231,797)	$ 1,627,415	1
2	Phone Tires	2000	1,310		20	66	66	241	2
3	Wallpaper	2000	609		20	30	30	94	3
4	Wallpaper	2000	1,973		20	99	99	304	4
5	Electrical Work	2000	704		20	35	35	108	5
6	Shrage Fence	2000	1,166		20	58	58	190	6
7	Cicero Development	2000	1,292		20	65	65	199	7
8	Wanderguard	2001	1,341		20	67	67	201	8
9	Wallpaper	2001	1,241		20	62	62	181	9
10	Wallpaper	2001	608		20	30	30	89	10
11	Earl Moore	2001	1,000		20	50	50	138	11
12	Replace Sprinklers	2001	8,791		20	440	440	1,319	12
13	Electric Work	2001	2,410		20	121	121	312	13
14	Carpteting	2001	2,007		20	100	100	259	14
15	Wallpaper	2001	897		20	45	45	116	15
16	Wanerguard	2001	1,045		20	52	52	135	16
17	Flooring	2001	8,685		20	434	434	1,122	17
18	Wanderguard	2001	2,131		20	107	107	275	18
19	Wanderguard	2001	1,341		20	67	67	179	19
20	Wanderguard	2001	762		20	38	38	101	20
21	Wanderguard	2001	1,045		20	52	52	135	21
22	Oxygen Storage Const	2001	1,998		20	100	100	250	22
23	Irrigation Sys Repai	2001	527		20	26	26	64	23
24	Irrigation Sys Repai	2001	592		20	30	30	72	24
25	Tiles	2001	580		20	29	29	70	25
26	Parking Lot Repair	2001	6,464		20	323	323	700	26
27	Wanderguard	2001	779		20	39	39	91	27
28	Winterize Sprinklers	2001	1,385		20	69	69	208	28
29	Shades	2002	970		20	97	97	194	29
30	Recircuit Hallways	2002	1,000		20	100	100	183	30
31	Drywall	2002	3,558		20	356	356	682	31
32	Parking Lot Sealer	2002	1,661		20	166	166	277	32
33	Drywall - Sandstone	2002	3,396		20	340	340	623	33
34	TOTAL (lines 1 thru 33)		$ 9,508,156	$ 506,697		$ 278,593	$ (228,104)	$ 1,636,527	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Renaissance At South Shore # 0042085 Report Period Beginning: 01/01/03 Ending: 12/31/03

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		$ 9,508,156	$ 506,697		$ 278,593	$ (228,104)	$ 1,636,527	1
2	Painting & Decorating	2002	1,172		20	117	117	234	2
3	Sandstone Wall	2003	1,361		20	125	125	125	3
4	Screen Insert	2003	1,183		20	108	108	108	4
5	Network Connections	2003	3,400		20	283	283	283	5
6	Landscaping	2003	900		20	53	53	53	6
7	Mural Painting	2003	750		20	44	44	44	7
8	Wallpaper	2003	1,429		20	71	71	71	8
9	Wallpaper	2003	573		20	24	24	24	9
10	Wanderguard System	2003	2,069		20	86	86	86	10
11	Pleated Shades	2003	616		20	31	31	31	11
12	Pleated Shades	2003	774		20	26	26	26	12
13	Smoke Detectors	2003	1,134		20	47	47	47	13
14	Tile	2003	668		20	67	67	67	14
15	Painting & Decorating	2003	1,443		20	144	144	144	15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 9,525,628	$ 506,697		$ 279,819	$ (226,878)	$ 1,637,870	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Renaissance At South Shore # 0042085 Report Period Beginning: 01/01/03 Ending: 12/31/03

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		$ 9,525,628	$ 506,697		$ 279,819	$ (226,878)	$ 1,637,870	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
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19									19
20									20
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22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 9,525,628	$ 506,697		$ 279,819	$ (226,878)	$ 1,637,870	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Renaissance At South Shore # 0042085 Report Period Beginning: 01/01/03 Ending: 12/31/03

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		$ 9,525,628	$ 506,697		$ 279,819	$ (226,878)	$ 1,637,870	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 9,525,628	$ 506,697		$ 279,819	$ (226,878)	$ 1,637,870	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Renaissance At South Shore # 0042085 Report Period Beginning: 01/01/03 Ending: 12/31/03

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		$ 9,525,628	$ 506,697		$ 279,819	$ (226,878)	$ 1,637,870	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
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23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 9,525,628	$ 506,697		$ 279,819	$ (226,878)	$ 1,637,870	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Renaissance At South Shore # 0042085 Report Period Beginning: 01/01/03 Ending: 12/31/03

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		$ 9,525,628	$ 506,697		$ 279,819	$ (226,878)	$ 1,637,870	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
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19									19
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22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 9,525,628	$ 506,697		$ 279,819	$ (226,878)	$ 1,637,870	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Renaissance At South Shore # 0042085 Report Period Beginning: 01/01/03 Ending: 12/31/03

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		$ 9,525,628	$ 506,697		$ 279,819	$ (226,878)	$ 1,637,870	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
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19									19
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23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 9,525,628	$ 506,697		$ 279,819	$ (226,878)	$ 1,637,870	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Renaissance At South Shore # 0042085 Report Period Beginning: 01/01/03 Ending: 12/31/03

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12I, Carried Forward		$ 9,525,628	$ 506,697		$ 279,819	$ (226,878)	$ 1,637,870	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
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19									19
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21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 9,525,628	$ 506,697		$ 279,819	$ (226,878)	$ 1,637,870	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Renaissance At South Shore # 0042085 Report Period Beginning: 01/01/03 Ending: 12/31/03

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12J, Carried Forward		$ 9,525,628	$ 506,697		$ 279,819	$ (226,878)	$ 1,637,870	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
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19									19
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22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 9,525,628	$ 506,697		$ 279,819	$ (226,878)	$ 1,637,870	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Renaissance At South Shore # 0042085 Report Period Beginning: 01/01/03 Ending: 12/31/03

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	246		1998	1998	$ 9,209,684	$ 442,093		$ 263,134	$ (178,959)	$ 1,573,922	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A-BLDG, Line 70 for total

Facility Name & ID Number Renaissance At South Shore # 0042085 Report Period Beginning: 01/01/03 Ending: 12/31/03

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37			$	$		$	$	$	37
38									38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 9,209,684	$ 442,093		$ 263,134	$ (178,959)	$ 1,573,922	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Renaissance At South Shore # 0042085 Report Period Beginning: 01/01/03 Ending: 12/31/03

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					$	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9											9
10	NuCare Allocation			1997	547	14	35	27	13	170	10
11	NuCare Allocation			1998	479	12	35	24	12	131	11
12	NuCare Allocation			1999	672	58	35	34	24	149	12
13	NuCare Allocation			2000	816	21	35	41	20	140	13
14	NuCare Allocation			2001	316	8	35	16	8	45	14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

*Total beds on this schedule must agree with page 2.

See Page 12A-REP, Line 70 for total

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Renaissance At South Shore # 0042085 Report Period Beginning: 01/01/03 Ending: 12/31/03

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37			$	$		$	$	$	37
38									38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 2,830	$ 113		$ 142	$ 77	$ 635	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Renaissance At South Shore # 0042085 Report Period Beginning: 01/01/03 Ending: 12/31/03

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 407,844	$ 2,869	$ 44,810	$ 41,941	10	$ 170,556	71
72	Current Year Purchases	29,146	63,761	3,453	(60,308)	10	3,453	72
73	Fully Depreciated Assets	10,833	149	149		10	10,833	73
74								74
75	TOTALS	$ 447,823	$ 66,779	$ 48,412	$ (18,367)		$ 184,842	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				$	$	$	$		$	76
77										77
78										78
79										79
80	TOTALS			$	$	$	$		$	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 10,625,040	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 573,476	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 328,231	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ (245,245)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 1,822,712	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		$	$	$	86
87					87
88					88
89					89
90					90
91	TOTALS	$	$	$	91

G. Construction-in-Progress

	Description	Cost	
92		$	92
93			93
94			94
95		$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. ☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:	244			$			3
4	Additions							4
5	NuCare Allocation				12,563			5
6								6
7	TOTAL				$ 12,563 **			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease .

9. Option to Buy: ☐ YES ☐ NO Terms: *

10. Effective dates of current rental agreement:
Beginning
Ending

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2004	$
13.	/2005	$
14.	/2006	$

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? ☐ YES ☒ NO

16. Rental Amount for movable equipment: $ 18,373 Description: See Attached Schedule
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			$	$	17
18					18
19					19
20					20
21	TOTAL		$	$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At South Shore # 0042085 Report Period Beginning: 01/01/03 Ending: 12/31/03

XIII. EXPENSES RELATING TO NURSE AIDE TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD? [X] YES [ ] NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM	X
IN OTHER FACILITY	
COMMUNITY COLLEGE	
HOURS PER AIDE	120

3. CLINICAL PORTION:

IN-HOUSE PROGRAM	X
IN OTHER FACILITY	
HOURS PER AIDE	80

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$ 750	$	$ 750
2	Books and Supplies		430		430
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	$	$ 1,180	$	$ 1,180
10	SUM OF line 9, col. 1 and 2 (e)	$ 1,180			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	10
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	10

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.
(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

SEE ACCOUNTANTS' COMPILATION REPORT

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	39 - 03	hrs	$		$ 177,801	$		$ 177,801	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			17,780			17,780	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			260,096			260,096	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39 - 02	# of prescrpts				307,352		307,352	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify): See Supplemental			12,705		5,630	81,234		99,569	13
14	TOTAL			$ 12,705		$ 461,307	$ 388,586		$ 862,598	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At South Shore **#** 0042085 **Report Period Beginning:** 01/01/03 **Ending:** 12/31/03

XV. BALANCE SHEET - Unrestricted Operating Fund. **As of** 12/31/03 **(last day of reporting year)**

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 5,681	$ 964,282	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	2,263,525	2,263,525	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	160,264	160,264	6
7	Other Prepaid Expenses	156,196	156,196	7
8	Accounts Receivable (owners or related parties)	291,762	291,762	8
9	Other(specify): See Attached Schedule	743,980	868,233	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 3,621,408	$ 4,704,262	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		651,589	13
14	Buildings, at Historical Cost		7,419,301	14
15	Leasehold Improvements, at Historical Cost	958,033	958,033	15
16	Equipment, at Historical Cost	421,416	421,416	16
17	Accumulated Depreciation (book methods)	(633,890)	(633,890)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		241,462	19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(27,668)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Attached Schedule	297,941	297,941	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 1,043,500	$ 9,328,184	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 4,664,908	$ 14,032,446	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 1,370,617	$ 1,370,618	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	6,217	6,217	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	400,176	400,176	30
31	Accrued Taxes Payable (excluding real estate taxes)	30,407	30,407	31
32	Accrued Real Estate Taxes(Sch.IX-B)	409,503	409,503	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See Attached Schedule	1,937,901	2,171,024	36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 4,154,821	$ 4,387,945	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		8,967,167	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	See Attached Schedule	(181,767)	(181,767)	43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ (181,767)	$ 8,785,400	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 3,973,054	$ 13,173,345	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 691,854	$ 859,101	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 4,664,908	$ 14,032,446	48

SEE ACCOUNTANTS' COMPILATION REPORT

***(See instructions.)**

Facility Name & ID Number Renaissance At South Shore # 0042085 Report Period Beginning: 01/01/03 Ending: 12/31/03

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 582,340	1
2	Restatements (describe):		2
3	Adjusting Journal Entries 12/31/02	(200,648)	3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 381,692	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	310,162	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ 310,162	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 691,854	24 *

*** This must agree with page 17, line 47.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At South Shore # 0042085 Report Period Beginning: 01/01/03 Ending: 12/31/03

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 11,291,331	1
2	Discounts and Allowances for all Levels	(576,945)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 10,714,386	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,167,391	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 1,167,391	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	508,847	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	26,031	19
20	Radiology and X-Ray	6,740	20
21	Other Medical Services	52,258	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 593,876	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	27,049	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 27,049	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Supplemental Schedule	858	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 858	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 12,503,560	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,650,833	31
32	Health Care	3,938,904	32
33	General Administration	3,385,151	33
	B. Capital Expense		
34	Ownership	2,166,120	34
	C. Ancillary Expense		
35	Special Cost Centers	917,900	35
36	Provider Participation Fee	134,490	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 12,193,398	40
41	**Income before Income Taxes (line 30 minus line 40)****	310,162	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 310,162	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return?** Cash Basis **If not, please attach a reconciliation.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.** SEE ACCOUNTANTS' COMPILATION REPORT

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Facility Name & ID Number Renaissance At South Shore # 0042085 Report Period Beginning: 01/01/03 Ending: 12/31/03

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,749	1,950	$ 77,909	$ 39.95	1
2	Assistant Director of Nursing	1,567	1,624	48,395	29.80	2
3	Registered Nurses	15,556	16,755	484,837	28.94	3
4	Licensed Practical Nurses	46,027	48,399	992,314	20.50	4
5	Nurse Aides & Orderlies	146,113	156,817	1,429,975	9.12	5
6	Nurse Aide Trainees					6
7	Licensed Therapist	534	534	12,705	23.79	7
8	Rehab/Therapy Aides	5,256	5,905	53,201	9.01	8
9	Activity Director	3,865	4,171	67,109	16.09	9
10	Activity Assistants	12,699	13,747	104,238	7.58	10
11	Social Service Workers	5,645	6,269	88,867	14.18	11
12	Dietician	3,538	3,840	67,227	17.51	12
13	Food Service Supervisor					13
14	Head Cook	7,760	8,428	88,302	10.48	14
15	Cook Helpers/Assistants	23,902	25,702	185,287	7.21	15
16	Dishwashers					16
17	Maintenance Workers	8,282	9,131	140,882	15.43	17
18	Housekeepers	26,311	28,056	215,894	7.70	18
19	Laundry	9,490	10,204	78,869	7.73	19
20	Administrator	1,981	2,035	124,137	61.00	20
21	Assistant Administrator	2,021	2,086	72,958	34.98	21
22	Other Administrative	588	588	30,462	51.81	22
23	Office Manager					23
24	Clerical	29,078	31,978	413,110	12.92	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	4,716	4,716	96,645	20.49	31
32	Other Health Care(specify)					32
33	Other(specify) See Supplemental	1,655	1,755	55,302	31.51	33
34	TOTAL (lines 1 - 33)	358,333	384,690	$ 4,928,625 *	$ 12.81	34

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	220	$ 9,918	01-03	35
36	Medical Director	Monthly Fee	29,636	09-03	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly Fee	2,976	10-03	39
40	Physical Therapy Consultant	28	1,353	10a-03	40
41	Occupational Therapy Consultant	27	1,343	10a-03	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	2	117	10a-03	43
44	Activity Consultant	42	2,200	11-03	44
45	Social Service Consultant	25	1,299	12-03	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	344	$ 48,842		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	24	$ 759	10-03	50
51	Licensed Practical Nurses	8,020	259,571	10-03	51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)	8,044	$ 260,330		53

SEE ACCOUNTANTS' COMPILATION REPORT

* This total must agree with page 4, column 1, line 45.

** See instructions.

Facility Name & ID Number Renaissance At South Shore # 0042085 Report Period Beginning: 01/01/03 Ending: 12/31/03

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Dave Schecter	Administrator	0	$ 124,137
Brent Fitzgerald	Asst. Administrator	0	72,958
Kathy Brander	Dir of Regulatory Mgmt	0	12,303
Ray Dolan	Dir of Risk Mgmt	0	4,204
Rustin Bauman	VP of Medicare Reimb	0	1,746
Marilyn Flaherty	VP of Medicare Reimb	0	2,322
See Supplemetal Schedule			9,887
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			$ 227,556

B. Administrative - Other

Description	Amount
CarePath Health Network	$ 17,100
NuCare Services	397,722
JLR Mangement	127,500
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)	$ 542,322

C. Professional Services

Vendor/Payee	Type	Amount
FR&R	Accounting	$ 23,936
Dan Foley	Accounting	200
PSD Solutions	Computer	9,537
HDSI	Computer	6,701
GiftRap	Computer	5,682
Medicom	Computer	1,292
Transworld Systems, Inc	Computer	623
Ivan's	Computer	359
CDW Computer	Computer	190
Chris Novotny	Computer	114
Purchasing Plus	Purchasing Consultant	600
See Supplemetal Schedule		144,803
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed $2500 attach copy of invoices.)		$ 194,036

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 79,072
Unemployment Compensation Insurance	95,217
FICA Taxes	374,100
Employee Health Insurance	84,974
Employee Meals	20,878
Illinois Municipal Retirement Fund (IMRF)*	
Chicago Head Tax	8,449
Union Health Insurance	94,135
Union Pension Benefits	46,310
Employee Benefits	21,113
401K Plan	1,646
TOTAL (agree to Schedule V, line 22, col.8)	$ 825,895

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	71,965
Health Care Worker Background Check (Indicate # of checks performed 282)	2,390
Advertising & Promotion	66,376
Licenses	3,441
Dues & Subscriptions	2,392
Dues - IL Council on LTC	13,429
IL Council on LTC - COPE Dues	(3,567)
See Supplemental Schedule	1,216
Less: Public Relations Expense	( )
Non-allowable advertising	(66,376)
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 91,266

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	2,777
NuCare Allocation	764
Carepath Health Network Allocation	40
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 3,581

* Attach copy of IMRF notifications

**See instructions.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At South Shore # 0042085 Report Period Beginning: 01/01/03 Ending: 12/31/03

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008
1	N/A		$		$	$	$	$	$	$	$	$	$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At South Shore # 0042085 **Report Period Beginning:** 01/01/03 **Ending:** 12/31/03

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **Yes**

(2) Are there any dues to nursing home associations included on the cost report? **Yes**
If YES, give association name and amount. **IL Council on LTC - $13,429.20**

(3) Did the nursing home make political contributions or payments to a political action organization? **Yes** If YES, have these costs been properly adjusted out of the cost report? **Yes**

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? **No** If YES, what is the capacity?

(5) Have you properly capitalized all major repairs and equipment purchases? **Yes**
What was the average life used for new equipment added during this period? **10 Yrs**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **48,312** Line **10**

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **Yes** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **No**
If YES, give effective date of lease.

(9) Are you presently operating under a sublease agreement? YES **X** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO **X** If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. $ **134,490**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **No** If YES, attach an explanation of the allocation.

SEE ACCOUNTANTS' COMPILATION REPORT

(13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? **Yes**

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **No** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **20,878** Has any meal income been offset against related costs? **N/A** Indicate the amount. $

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **Yes**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **No** If YES, please indicate the amount of income earned from such a program during this reporting period. $
c. What percent of all travel expense relates to transportation of nurses and patients? **100%In14**
d. Have vehicle usage logs been maintained? **N/A**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **N/A**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report?
g. Does the facility transport residents to and from day training? NO
Indicate the amount of income earned from providing such transportation during this reporting period. $

(17) Has an audit been performed by an independent certified public accounting firm? **No**
Firm Name: The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? If no, please explain.

(18) Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V? **Yes**

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of services performed been attached to this cost report? **Yes**
Attach invoices and a summary of services for all architect and appraisal fees.